Chapter-II
Review of Literature
REVIEW OF LITERATURE

Gaining understanding of quality of life in working men and women is one of the most important issues facing twenty-first century science. In recent years there have also been some very significant contributions in this area. Some scholars concerned themselves with the division of household tasks between the husband and working wife, which has been described as dual career families. They are also seek to examine the effect of wife’s employment on marital interaction and its effect upon children. Recent years have brought a great change in the life of women all over the world, influencing their attitudes, values, inspiration, ways of feelings and acting for effective participation in all the walks of life. By tradition, the role of women in Hindu society has been that of a housewife (grahini) and with their increasing involvement in working outside home, they have to plays dual role as a housewife and an earner. Employed women have less time to do family work, so their husbands (working men) take up the slack and do more housework and child care. By doing so, they may be in a situation of juggling multiple roles. Since combining these
multiple roles require not only skill but also physical and psychological acceptance besides some sacrifices and adjustments to the changes brought about by this combination. The primary question investigated throughout the literature on the effects of multiple role occupancy – whether multiple role involvement is beneficial; and/or detrimental to the person fulfilling multiple roles. Studies in this area have shown that the effect of employment may vary according to job characteristics as well as individual’s characters. Today, by the large, it is admissible even for married men to take up a responsibility of home and for married women to take-up a gainful employment. Therefore married men and women have assumes novel responsibilities – responsibilities of home make and responsibility of an employee. There are some authors who study women’s and men’s multiple social roles and examine factors and situations of role conflict and psychological well-being. All the adjustments made by the individuals to so many stresses is guided by one basic motive – to struggle for survival and for the betterment of life or to live life at its best. This may be referred to as good quality of life. Good job and life satisfaction as an important dimensions of quality of life. The concept
“Quality of life” (QOL) is relatively new. Although its parameters are unspecified, still some researches have tried to approach this fashionable concept from different perspectives like life satisfaction, well-being, mental health etc. Quality of life, internal sense of harmony, happiness and well-being are very much dependent upon how we cope with frustrations, conflicts and stress. During reviewing the literature, sex differences have been observed in quality of life, those are may be due to the variations in the role conflict, social support and involvement in job. In this chapter such studies and reports have been viewed in a chronological order.

Social Roles and Quality of Life:

Gove, Hughes and Style (1983) found unmarried to have higher levels of depression, anxiety and other forms of psychological distress than the married. Verbrugge (1985) also found the healthiest women to have multiple roles a job, a husband and often children. On the contrary, Jennings (1984) reported that single women have better health than married. Married women with children in home have been found to have higher psychiatric symptom levels and worse health than these without children. Insignificant effects of number of
children and number of hours spent in childcare on self-reported health of women and men (Bir & Fremont, 1989; Gove, 1984; Kessler, 1982).

Rosenfield, (1989) observed that the women’s primary responsibility for children has been suggested as a factor that may account for poorer mental health of mothers compared to fathers. Having children did not generally improve the psychological well-being of parents. (Goldstein, 1990; Gove, 1984; Jennings, 1984; Mclean & Keva, 2004; Rabinson & Swanson, 2002).

Wharton and Erickson (1995) investigated the relations between women’s job and family emotion work and the effects of both on women’s job related well-being. Results showed that performance of family emotion work had negative consequences for women’s job related well-being. Greater childcare responsibilities were associated with lower well-being and greater psychosocial distress.

Burke and McKeen (1995) examined a research model developed to understand emotional well-being among managerial and professional women most of whom were in early career, married but still without children. Work experiences and work outcomes were
found to be fairly consistently and significantly related to self-reported emotional well-being.

However, in contrast Hughes (1998) found neither having in contrast children nor the longer hours of employment to have any harmful effect on health of women.

In one study Pugliesi (1989) explored the effects of social roles on women’s well-being which incorporates social support and self-esteem as intervening variables. Results indicate that parenthood has a weak positive effect on support and marriage reduces levels of distress. Employment does not enhance well-being via social support but does have a positive effect on self-esteem.

Pugliesi (1995) proposed a refinement of differential exposure and vulnerability models that incorporates the indirect effects of roles through intervening social and psychological resources. These reformulated models provide the framework for an analysis of gender differences in the psychological consequences of work that estimates the direct and indirect effects of two job condition-control and complexity, on two dimensions of well-being. Results revealed patterns of differential exposure, but also suggest some gender
differences in the intervening variables through which work condition influence well-being. These differences occur primarily in the proximate effects of self-esteem and social integration on distress and happiness.

An integrated model was used by Vandewater, Ostrove and Steward (1997), including personality, number of roles and role quality to predict well-being. Results indicated that engagement in multiple roles during early adulthood facilitated the development of identity, which predicted generativity and role quality, which in turn predicted well-being.

Miller, Wilbur, Montgomery and Chandler (1998) examined the relationships among job, partner and parent role quality and psychological well-being in midlife black (n=51) and white (n=56) women employed in occupations varying by socio economic status (SES). Findings showed the better well-being scores were reported by black women than whites, and by professionals than non-professionals. Partner role quality was significantly related to both well-being scores. Parent role quality was related to life satisfaction only, and job role quality was not related to either. Weich, Sloggett
and Lewis (1998) tested the hypothesis that the gender differences in anxiety and depression could be explained by differences between men and women in social role occupancy, after adjusting for age and socio economic status. They concluded that the gender difference in the prevalence of the common mental disorders is not explained by differences between men and women in the number or type of social roles occupied.

Bartley and Sacker (1999) investigated the relationship between social roles, social position and health in English women. Data carried out between 1984-1993. The results showed the health differences between women in different combinations of social roles were not the same is 1993 as in 1984.

Martire, Stephens and Townsend (2000) supported the hypothesis that greater centrality (personal importance) of a social role is associated with better psychological well-being but that role centrality exacerbates the negative effects of stress in that same social role on well-being by conducting a study on 296 women who simultaneously occupied the roles of parent, care provider, mother, wife and employee. Greater centrality of all four roles were related to
better psychological well-being. As prediction, wife centrality exacerbated the effects of wife stress on life satisfaction and employee centrality exacerbated the effects of employee stress on depressive symptoms.

Gjerdingen, McGovern, Bekker and Willemsen (2001) addressed the impact of women’s workload on their well-being and careers, synthesized the data on the distribution of women’s work efforts in the areas of paid employment, household chores and childcare and made the international and gender comparisons regarding women’s work responsibilities. Their findings showed that women contribute more effort to household chores and childcare and less to the workplace than men do. As a result, their total workloads appear to be somewhat greater and more diffusely disabused than those of men. Heavy workloads may adversely affect women’s health, especially in the presence of certain role characteristics (e.g., having a clerical, managerial professional, or executive position, or caring for young children). Heavy work responsibilities may also undermine marital happiness, particularly if there is perceived inequity in the way partners share household work.
Similar findings were obtained by McDonough and Walters (2001) who found that women report more distress and chronic conditions than men. Differential vulnerability to stressors played no role in explaining gender differences in health.

Matthews, Power and Stansfeld (2001) examined whether social inequalities in psychological distress can be explained by work home factors and whether the impact of these potential explanatory factors are similar for men and women. Data are from the 1958 British Birth Cohort study. Explanatory factors were classified as work-home roles, i.e. employment, marital status, domestic responsibility, children and elderly care and work home characteristics: i.e. job strain, insecurity, unsocial working hours youngest child’s age, number of children and level of involvement in child care. Results showed that work factors had consistently stronger associations with psychological distress and with social class among men than women. Work may be more important for men than women.

In another study, Rabinson and Swanson (2002), elucidated the relationships between the work and family domains, particularly for minority dual earner couples. Semi structured interviews about
work, family and work family interactions were tape recorded with eight (8) minority and thirteen (13) white school counsellors from a large South Western city. As a result they found while both white and minority workers reported bi-directional influences of the work and family domains on each other along with psychological, cognitive and social gains from participating in the workplace there were distinct differences in their reports of workplace and family experiences, and in their coping strategies.

Walters, McDonough and Strohschein (2002), considered to what extent work, household structure and social, personal and material resources explain the gender differences in health. Analysis of the distributions of paid work conditions, household circumstances and resources revealed mostly minor differences by gender and differences in exposure to these circumstances contribute little to understand gender difference in health. They also found limited evidence that social, personal and material resources are involved in pathways linking work and home circumstances to health in ways that differ between the sexes.
Maclean and Keva (2004) explored the moderating effects of different role combinations on women’s mental health by examining association with socio-economic status and differences in women’s distress (depressive symptoms, personal stress (role strain) and chronic stress (role strain plus environmental stressors). Findings show that the women with children, whether single or partner have a higher risk of personal stress. Single, unemployed mothers were significantly experienced finance and food insecurity than all other groups. For partnered mothers, personal stress and chronic stress were significant and lower among unemployed partnered mothers. And partnered mother reported better mental health than their single counterparts.

Pinquart and Sorensen (2006) also reported that the women with higher levels of burden and depression, felt lower levels of subjective well-being.

Overall majority of the studies suggest that the employment may have less beneficial effect on the health of married women than for unmarried. Since a married woman has a husband as an alternative source of social support and financial resources. Having children did
not generally improve the psychological well-being of the parents. Men and women with multiple roles have a higher risk of poor quality of life and role conflict.

Social Roles, Role Conflict and Quality of Life.

The first theory regarding human energy and multiple roles entitled the scarcity hypothesis was developed by Goode (1960). This hypothesis stipulated the human beings have a limited amount of energy to expend, and the role strain may occur as an individual accumulates more roles and responsibilities. The accumulation of life roles that exceeds an individual’s personal resources was assumed to lead conflicting obligations and exhaustion.

Coser and Rokoff (1977) found in their study that stresses are usually consciously experienced outside the work place and may be felt more by wives than by husbands, because it is the women who devote more time and energy to run the house and attending family and social obligations.

Gove (1972) argued that involvement in both work and family roles has been seen as the source of men’s advantage over women with respect to mental health and as the source of overload and
conflict for women, that is, as detrimental to women’s mental health. Married women are at greater risk of disturbance than married men, while unmarried men are at greater risk than unmarried women (Gove and Tudor, 1973). Hall (1972) has also reported higher inter role conflict for women than for men because women are more likely to process work and family roles simultaneously rather than sequentially. Singh (1972) found that the number and age of children are directly related to role conflict in working women because mother’s personal attention is most essential to children when they are small. Fewer children means less work and subsequently less role conflict among working mothers.

Kapur (1974) indicated that women who choose to combine marriage with career, face almost a situation of normlessness. This makes them experience great conflict, tension and strain.

Rapport and Rapport (1978) observed that the extent of time and ego involvement work and family roles may differ substantially for husbands and wives. The greater salience man places on his work, the greater will be their preoccupation with work and hence the less frequent their participation in family roles.
Gilbert and Halahan (1979) reported that women who assumed home roles (e.g. wife, mother, and a home worker) and non-home roles (e.g. employee), frequently experienced conflict between competing role demands. Conflicts were considered likely when women perceived their home and career roles as highly desirable but mutually exclusive goals.

Gutek, Repetti and Silver (1981) also highlighted that the inter-role conflict is likely to increase as the demands of either the work role or family role increases. Similarly, inter-role conflict can increase as one’s obligations to the family expand through marriage and the arrival of children.

Bohen, Long (1981) and Haw (1982) found that the household chores and responsibilities of child rearing to be a major source of work family conflict in women. On the contrary, Sen (1981) argued that a particular role, that of paid worker, is necessary and beneficial for men but it an added on, hazardous role for women. And found unmarried women to be more stressed when compared to married women.
White (1985) suggested that the wives typically are more sensitive and responsive to their husband's messages during conversation and conflict than the other way round. In other study, Aleshina and Lektorskaya (1989) found that the psychological factors determining the way in which professional and family roles are combined and the degree of success in resolving role conflict.

Emmons, Biernat, Tiedje, Lang and Wortman (1990) pointed out that the stress of managing multiple roles is greatest and the psychological benefits least when work and family responsibilities are both heavy. The disproportionate share of household and childcare responsibilities in working mothers resulted in home and work responsibilities being placed in opposition to one another and it leads to the conflict.

Wortman, Biernat and Lange (1991) reported that combining profession with parental role generates more stress in women compared to men.

Reifman, Biernat and Lang (1991) investigated the types of occupational and role conflict stresses associated with physical and depressive symptoms. He took the sample of two hundred married
professional women aged (twenty three to forty seven years) with at least 1 child, 1 to 6 years. Six stress indices predicted physical and depressive symptoms. These stresses reflected perceptions of lack of authority and influence on the job, a heavy workload, sex discrimination, work imposing on relaxation, family imposing on relaxation and overall suffering from role-conflict.

Frone, Russel and Cooper (1992) reported combination of career and family roles to be often associated with conflict, overload and stress (Gilbert, 1979; Rakoff, 1971).

Barker (1993) conducted a survey of 315 predominantly white women working part time or full time in male dominated professions (law, executives), female dominated professions (nursing, elementary education) and non-professional jobs (clerical, retail sales). Part time working women reported greater happiness at home and work, greater satisfaction and personal satisfaction with work compared with full time working women. However, they did not report lower role conflict and role overload.

Rankin (1993) studied the effect of employment and multiplicity of role on women. He took the sample of 118 employed
mothers (aged 23-43 years) of pre-school children were interviewed. Out of 100 subjects (Ss) who described how stressful their lives were, 62% reported a high level of stress, with 25% indicating "very stressful". The number of stressors indicated by subjects reflected the many roles they fulfilled.

Haworth, Jarnan and Lee (1997) reported valued position in work to have important association with positive psychological states. Luecken (1997) evaluated the biological and psychological effects of role overload by examining the effects of marital status and parental status (defined as having children at home) on daily excretion of urinary catecholamines and cortisol in employed women. The findings indicated that working women with children at home, independent of marital status, social support, excreted greater amounts of cortisol and experience higher levels of home strain than those without children at home.

Chattopadhay and Dasgupta (1999), concluded that one could be married and play the role of wife, mother, householder and executive effectively and yet experience not more role stress than their single counterparts.
Townsend (2000) also explored that greater centrality of a social role is associated with better psychological well-being but that role centrality exacerbates the negative effects of stress in that same social role on well-being.

Hattery (2001) highlighted that the women are more likely to experience conflict because of their tendency to take on the majority of responsibilities for family issues such as childcare.

Chandola, Martikainen, Batley, Lahelma, Marmot, Michikazu, Nasermoaddeli and Kagamimori (2004) investigated whether the conflict between home and work explain the effect of multiple roles on mental health or not? They studied the comparison between the sample of Finland, Japan and the U.K. As a result, they found that the single fathers in all three cohorts and of single mothers in the Helsinki (Finland) cohort had poor mental health, and this was partly explained by their higher levels family to work conflict. Both work to family and family work conflict affect the mental health of men and women independently of each other. Work and family roles and the balance between the two may be important for the mental health of men and women in industrialized societies.
In another study conducted by Burley (2006) also highlighted a negative relationship between work family conflict and marital adjustment for both men and women. These findings showed that the multiplicity of the roles and lack of social support was related to the role conflict and in turn with the quality of life. The absence of role conflict may be due to the satisfaction with social support received from different sources.

Social Support and Quality of Life:

Woods (1978) found that in the absence of support from significant others, womens’ and mens’ involvement in multiple role had a deleterious effects on their mental health. Uneven sharing of the burdens in terms of family and social obligations by women, affect their work and life satisfaction. Further examined whether social support buffers the deleterious effects of stressful life events or not? The findings revealed that, although social support fails to modify the effects of a global stressful life events indicator, specific types of social support buffer the impact of specific types of stressors like (bereavement, crime, and social network crises).
However, Pugliesi (1988) examined the impact of employment on the well-being of women, based on the premise that social roles and qualities of roles affect well-being through their impact on social support and self-esteem. Results indicated that social support and employment characteristics also directly affect well-being.

Loscocco and Spitze (1990) analyzed the effects of four kinds of working conditions: job demands, job deprivations and rewards, physical environment, and work-related social support on the well-being of female and male factory workers in similar jobs. On the basis of results they concluded that all types of working conditions affect well-being, but there are almost no gender differences in the effects of working conditions on well-being. Although work-related social support promotes well-being among both women and men.

Fetton and Berry (1992) examined whether the psychosocial impact of different kinds of social supports varies according to who provides them. Analysis of the study showed that "multiplexity" was negatively related to well-being, and having duplicate providers for a given social provision was uniquely important in offsetting negative affect.
Aston and Lavery (1993) investigated the health of women in paid employment, effects of quality of work role, social support on their psychological and physical well-being. Their findings with regard to the beneficial effects of social support in the work place were not to be specific.

Yarcheski and Scoloveno (1994), examined the relationship between perceived social support and general well-being. As a result, statistically significant positive correlations were found between perceived social support and general well-being. Further, it was found that the lack of perceived social support was consistently related to poorer health related quality of life (Tell & Mittelmark, 1995).

Lu (1997), studied the relationship between social support, reciprocity and well-being. He reported that reciprocity of support within the family domain was related to well-being. Individual differences in support exchanges were noted, and women received more support than men. Sumi (1997), also found the significant interactions among scores on social support and stress and suggested that individuals who reported higher social support also rated
themselves higher with respect to physical and psychological well-being, regardless of their reported stress.

Wang (1998) observed the relationship between social support and well-being and found that the social support was significantly correlated with positive mood state, negative mood state, depression, level of functioning and quality of life (QOL). Sumi (1998) also found significant interactions between scores for Type A behaviour and social support, indicating that individuals who report higher Type A behaviour as well as higher social support tended to rate their physical and psychological well-being higher than those who reported higher Type A behaviour but lower social support.

Miller, Wilbur, Montgomery and Chandler (1998) indicated the relationships among job, partner and parent role quality and psychological well-being in midlife black (n=51) and white (n=56) women employed in occupations varying by socio economic status (SES). Better well-being scores were reported by black women than whites, and by professionals than non-professionals. Partner role quality was significantly related to both well-being scores, parent role
quality was related to life satisfaction only, and job role quality was not related to either.

Baxter, Shetterly, Eby Mason, Cortese and Hamman (1998) examined demographic and social network factors associations with perceived quality of life. Findings of the study suggest that network size and contact are important social factors that can improve quality of life. Achat, Kawachi, Levine, Berkey, Coakley and Colditz (1998) also examined the association between social networks and aspects of mental functioning (health related QOL) in the presence of stressors. Results revealed that social networks are positively associated with mental functioning (Health related quality of life) in women. This association is strongest for women reporting high levels of home and work stressors.

Chou (1999) revealed that satisfaction with relationships with family members and friends was consistently associated with all measures of subjective well-being. Further, Stansfeld and Shipley (1999) found that the effects of marital status, social support within and outside the work place and social networks on subsequent
occurrence of psychological distress were similar for men and women independent of baseline mental health status.

Cieslak Widerszal - Bazye Luszczynska - Cieslak (2000) also revealed that the social support was directly connected with the level of well-being. As far as the buffering role of social support was concerned, social support did to a limited degree only.

Neville and Alpass (2000) investigated the relationship between stress, social support and psychological well-being in men. Results showed that the men who were satisfied with social support they received and those who reported low stress levels experienced higher levels of psychological well-being. The number of people available to provide social support was not significantly related to psychological well-being. There were no significantly interaction effects between stress, social support variables and psychological well-being, with each variable operating independently in relation to psychological well-being.

Wang and Liu (2000) have also examined the relationship between social support and well-being of rural elderly women and the findings demonstrated that not only the entire social support but also
its dimensions were positively correlated with positive affect and were inversely correlated with negative effect.

Yarcheski (2001), investigated the relationship between perceived social support and general well-being and tested two variables hopefulness and self-esteem. Results indicated that hopefulness and self-esteem each were mediators of the relationship between social support and well-being.

In a Japanese article, Yanagisawa, Baba (2004) examined the beneficial effects also of social support by family and friend on psychological QOL of the elderly. Lefzancois Leclerc (2004) examined whether social support has a moderating effect on the relationship between exposure to stressful life events and psychological distress. Analysis revealed that social support did not cancel out the deleterious effect of life events on the outcome measure.

Asnani (2004) indicated that the lack of social support leads to psychological and emotional stress there by increasing psychosomatic complaints. And support from the family, friends and the organization
increasingly been recognised as helpful in reducing stress, protecting health and hence enhancing quality of life (QOL).

Friedman (2005) examined relationship among depressed mood, social support and quality of life in women receiving home health care. Analysis showed a negative relationship between depressed mood and quality of life. Positive relationships were found between number of people available for support and quality of life domains. Mediational analysis also revealed a cycle of depressed mood, dissatisfaction with social support and loss of social support providers underlying the poor quality of life of many participants.

Thus, from the above mentioned studies, it has been indicated by majority of their lack of social support leads to psychological and emotional stress. But very few stated that the beneficial effects of social support at workplace was not specific, but the presence of social support have a linkage with high involvement in a job.

**Job Involvement and Quality of Life:**

On the basis of Riipien (1997) study, a differentiation was made between job involvement based on need congruence and resulting need fulfilment in one’s job. He took the sample of 383 women and
50 men. The findings show that job involvement based on need congruence was related to a high level of well-being or was negatively related to it. The mean levels of the two kinds of involvement were equal. Results suggested that job involvement is related to well-being only if the constructs are based on equal processes that is, on need congruence in one’s job. Michele Kacmar (1999) also indicated that the job involvement is related with the job satisfaction.

Vermeulen and Mustard (2000) pointed out that the differences in psychological distress in relation to psychosocial work exposures were greater for men than for women. Low social support was associated with higher distress across all categories of job strain, and the combined effect of low social support and high job strain was associated with the greatest increase in distress and low job involvement.

Ibrahim, Scott, Cole, Shannon and Eyles (2001) also explored the associations, for working women and men, of high strain jobs with self-rated health in Canadian National Population Health Survey (NPHS) and found that the high job strain was consistently associated
with low job involvement and with worse self-rated health for each gender. Similar results have been reported by Lodahl and Kejner (2001).

Mortensen, Nyland, Fullmer and Eggett (2002) have shown a relationship between professional involvement and job satisfaction among dietician. A positive relationship was found between job satisfaction and markers of professional involvement. They found in their results that greater professional involvement is related to greater job satisfaction, thereby enhancing one’s well-being or quality of life.

Knotts (2003) examined the relations among three religious orientations – intrinsic, extrinsic personal, and extrinsic-social and job involvement. Results showed that there exists a positive relationship between scores on extrinsic – personal religiosity and job involvement and a negative relationship between intrinsic religiosity and job involvement.

David, James and Randolph Flynn (2004), indicated that the job characteristics including variety, autonomy, task identity, and feedback play an important role in facilitating involvement in one’s job. The results also suggest that supervisor’s who are seen as
trusting, innovative fair, and cohesive and who positively reinforce subordinates for a job well done also play a role in developing a climate that fosters involvement and job involvement relates to well-being. In another study, Elankumaran (2004) studied the relationship between personality, organizational climate and job involvement and observed that the “the less tamasic a person, the more will he be involved in his job.”

Gregory, Ernest and Beth (2005) also reported the positive relationship between job satisfaction and job involvement and this leads to well-being of an employee. (Achat, 1998; Baxter, 1998; Friedman, 2005; Miller, 1998; Pugliesi, 1995; Wharton, 1995).

Studies reviewed in this context present a picture reflecting positive relationship between job involvement and quality of life and gender has an important influence on job involvement.

**Social Roles, Gender and Quality of Life.**

The quality of life for the working population has been conceptualized as derived from the satisfactions experienced through having a good job and a good life. Gender can have an important influence on psychological well-being. Certain life events are more
likely to occur such as changes in marital status, employment and economic status as well as greater losses due to death, illness and moves of family and friends that may affect psychological well-being among men and women differently.

Sekran (1983) reported job and life satisfaction as an important dimensions of quality of life. Women who desire a career for themselves are looking for the satisfactions at the work place which would be an important component of the quality of life enjoyed by them. Sinha (1986), also assessed and compared quality of life (QOL) among different professionals like railways officers, bank mangers and university teachers. Results revealed bank officers as having better QOL than university teachers and railway officers. Bosworth, Hayden and Siegler (1995) studied the relationship between perceived social support and domain specific health-related quality of life and as a results they found that lack of social support was associated with lower levels of health related quality of life. Females reported lower health related Quality of life than males.

Singh (2000), reported that women, who are employed, are required to make many social readjustments. A good job can
contribute to overall quality of life though increased income and more satisfying experiences that those available to a traditional wife (Daalen, 2005; Jiang, 2001).

Jiang, Chen and Zhang (2001) evaluated the quality of life of community people. Their findings show that the generic quality of life of community was good, and the quality of life of elders, workers and non professionals were worse than those of young, professionals. (Gove, 1983; Vermeuten, 2000).

Ruth (2004) examined health and social factors associated with psychological well-being among age 65 and older and looked at the influence of gender on psychological well-being. As a result, it was found that negative social support from family and perception of one’s health as fair or poor predicted poor psychological well-being among women overall. For women, inadequate emotional support and social disengagement were also significant predictors of poor psychosocial well-being. For men overall dissatisfaction with level of social activities was a significant negative predictor of psychological well-being. Social resources seemed to play a more important role for women than men overall.
Virginia and Robert (2004) examined the quality of life of women and men in two types of dual career families. The sample of 90 commuting and 133 single residence dual career couples were compared on measures of satisfaction and stress. As a result, it was found that the commuters were more satisfied with their work life and dissatisfied with the life as a whole. There were no significant interactions of gender with dual career family type on measures of either satisfaction or stress.

Daalen, Sanders and Willemsen (2005) examined gender differences in health, psychological well-being, and life satisfaction among Dutch male and female dual-earners. Analyses showed that the men report better health and psychological well-being than women, whereas women report higher life satisfaction than men.

In nutshell, these recent studies suggest that social resources and gender differences are important considerations in the area of quality of life. Since females reported lower health related quality of life than males.

On the basis of studies reviewed related to multiplicity of socio-familial roles for role conflict, social support, job involvement, gender
well-being and quality of life, an incomplete picture can be painted in which role conflict is negatively related to multiple roles and the status of well-being; social support as related to multiple role is not clear yet. It is positively related to well-being/quality of life. Same in the case of job involvement that is studied. Above all the studies related to gender in the context of multiplicity of roles are also very few. The status of existing literature viewed as a basis of conducting the present survey based investigation has been taken up in the next chapter dealing with problem and hypotheses.